

Commentary

Voices of War in Medical Care

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In 1995 our country celebrated the 50th anniversary of the end of World War II. Little notice was taken of this event in medical circles, but as a prior infantryman and as one of many fellow physician veterans, I found the war commemorations setting off an emotional outpouring in me and a compulsion to talk about the war that caught me by surprise. My impulse was at odds with my carefully nurtured calm detachment, the official persona of us physicians. Had I by my undignified behavior defaced my image and thus my status as a physician? To be a physician means needing to act like one.

My slide into familiarity and sentimentality began on November 11, 1994, Veterans Day, the revered Armistice Day of my youth. Touched by the flags and patriotic music on the morning television news, suppressed memories of the war bubbled up into my consciousness like hot steam. On an impulse, I fished out my dusty old dog tags from the antique wooden letter chest that my mother had given me to keep sacred things (and to remember her) and wore them for all to see as I made rounds at the hospital. Dog tags are duplicate aluminum identification plates stamped parsimoniously with the service person's name and serial number—the wearer's ultimate residue of being. They are worn around the neck on a beaded steel chain and never removed, even in the shower.

I was apprehensive entering the hospital lest I be taken for an eccentric old fool (a possibility that I cannot completely exclude). I need not have worried. For one and all who saw them, the dog tags set off an intensity of interest and emotion that I had not anticipated and to which I responded in kind.

"Gee, that's neat. What's the notch in the corner for?"

"That's so if you are killed, they can wedge one of the tags between the upper front teeth and keep track of whose body it is."

"Were you really in a foxhole before you were a doctor?"

"We didn't know that about you. My brother was in the war too, but I'm not sure which one. I get them mixed up. Anyway, we are proud of you and grateful."

Before I knew it, the whole floor staff was bunched around me, and we were touching and hugging, glistening. Patients and families reacted the same way, and I would hungrily ask the oldest men, "Where were you 50 years ago today? Tell me about it." The same heartfelt

responses continued through the day in the office; hierarchy and protocol fell by the way. For a brief period, I took off the mask of Aesculapius and became the other person I am.

That evening after office hours, I thought with some misgivings about my emotional display. At the beginning of my clinical rotation in medical school, medical students' most impressionable period, our demigod attending physician had warned us that to be effective, we physicians must never show too much of ourselves or become personally involved with our patients. If, for example, on the conclusion of a house call to a patriarch on Beacon Hill we were offered a tot of sherry and a social chat by the fire, we should decline; be gracious, but keep our distance. Osler himself adjured us to act through sympathy and a kind heart but counseled *aequanimitas*, taciturnity, and detachment. Show too much of yourself and lose your mystery; lose your mystery, lose your power.

Accordingly, I had no further problems with my intrusive veteran self until December 16, when the commemorations of the Battle of the Bulge brought back the past as if it were now. This was the bloodiest battle of all time for the United States, with 76,000 casualties, and our infantry division, the 99th, was in its center. I could hardly get my work done for swapping stories and kidding with other veteran patients. To E. B., 9th Air Force, dying of lung cancer: "Where were you guys when we needed you?"

"Warm and dry in our Quonset huts in England, buddy. We couldn't fly for all that fog, but we damn well made up for it later."

The laconic, modest, hypertensive R. P., whose seasoned 2nd Infantry Division relieved ours: "You know the reason we all survived the final assault by those four German divisions directly on our nose, don't you? It was because our corps was backed up by 348 artillery pieces, that's why."

S. B., from my same division, ulcerative colitis: "I don't know about you, but what I remember most was the snow and cold. In it you could hear the creaking of the treads of the German tanks for miles, long before you could hear anything else. It was scary. And then came that flat lightning crack of their 88-mm guns. And

what about those 'screaming meemies,' those showers of orange-flaming *Nebelwerfer* rockets; looked like the 4th of July."

I, too, remembered the snow, its soft white silence a perfect foil for the jagged fury of war. It fell softly on the battlefield, on the living and the dead. It lay deeply drifted in the Christmas-tree woods where my wife's cousin, H. L., and his entire company of the 106th Infantry Division, 1,000 faces of death surrounded, had, according to the official archives on December 23, "ceased to exist." But my nurse is knocking on the door. "You men stop talking and come out of there. We've got work to do."

My thirst for war stories continued right on through the anniversary of the war's end, V-J Day, September 2, 1995. "Bert, you checked out real good for a man who survived the Bataan Death March and three years in a prisoner-of-war camp."

"Yeah, and my beriberi optic neuritis gives me a good excuse when I slice my golf balls."

S. B., 3rd Infantry Division, wounded at Anzio, now down with a stroke: "Foxholes are okay, but those Germans were up on a cliff firing straight down on us."

M. K., 1st Marines, coronary bypass: "I lost 2,000 buddies in taking Peleliu, and for nothing. This was to protect MacArthur's position, but he landed in the Philippines the same day with no problem."

H. S., three years in the Navy, Marshall Islands, rescuing downed pilots, those not killed by sharks: "You could tell which ones the sharks got; they had their stomachs eaten out."

B., Hell on Wheels 2nd Armored Division—five battle starts—from North Africa to Berlin, advanced emphysema: "Don't take my cigarettes away from me, Doc. It's the only pleasure I've got left, know what I mean?"

J. C., artificial aortic valve, intelligence officer at the liberation of Dachau Concentration Camp. Found 5,000 dead when they arrived and 30,000 alive: "We buried 180 a day who were dying of typhus and starvation. Cremated them as fast as we could. It was so pitiful. We would feed them, and they would swell up and die; we didn't know to go slow."

To A. D., the mayor, in excellent physical condition: "That was a terrible arm wound you had in the war, but I never noticed those leg scars before."

"After that mortar hit us, I stood up with my arm dangling, and they machine-gunned me in the legs. Of the 867 in my outfit that landed on Omaha Beach on D-Day, in two weeks only 16 were looking at each other."

R. R., severe heart-lung disease, ground crew of the 20th Air Force, South Pacific, helped load the atomic bombs: "Yeah, it was 'Little Boy' for Hiroshima and 'Fat Man' for Nagasaki. Together they probably did kill 250,000 people, as the papers say. But after what they did to us at Pearl Harbor, I don't regret it a bit. Millions of lives were saved by us not having to invade Japan."

On another occasion: "Why, here's ol' J. T.," I said, "another broken-down veteran and a 30-year man if I ever saw one." (He, too, had been in the infantry and knew about my experiences.) "J., do you think we will

ever amount to anything?"

"I doubt it, Doc, it's too late. If we ain't made it by now, we never will."

During the year I looked hungrily for some observance of the war's end in our medical journals, some acknowledgment befitting this momentous event that would give warranty to my fixation. There was none. Fifty million dead including six million Jews in the Holocaust, and no one speaks? Furthermore, this war was the biggest thing that ever happened in the lives of a generation of physician veterans. Climbing over questions about my eccentricity, I continued my personal catharsis and memorialization of the war by swapping war stories with my veteran patients.

R. R., 21st Infantry Division, advanced heart failure: "You remember A. and B. just ahead of you in high school? They were bad to drink and fight. One time after a fight, we had them dig a 6' x 6' x 6' hole in the ground together, and when they got out of there they were good friends from then on."

William had become upset by the war anniversary proceedings; his memories were almost more than he could handle. And why not? As a B24 pilot, he was the only survivor in his 15-pilot pool and completed 35 extremely hazardous missions. "In a strike on the Odertal oil refinery, we lost seven of nine planes. The Germans could mount 120 88-mm guns, each firing 18 rounds per minute."

B. J., 1st Infantry Division: "Doc, being in a war makes you a lonely man. I never talked about the war much. I was afraid I would cry and that no one would understand how I felt or what it was like unless they had been there—like you."

R. C., 69th Infantry Division: "In my last day of combat in the Philippines, we were in close fighting in the jungle, and we were down to just one clip of ammunition apiece left for the night. The Japs were hard to bring down. They would charge in with that silk flag wrapped tight round and round the belly, and when a bullet went in, the wound would close behind it. They would keep fighting until they filled up with blood inside and died. I shot my last round and killed a soldier so close that if he had had any hair on his head, I could have grabbed it and pulled him into my foxhole. Then an artillery burst got me."

I identified completely with my veteran patients. In our banter and telling and hearing, we became comrades, special friends. As for those women and men who built tanks in Detroit and stayed at home, whether in World War II, or Korea, or Vietnam, it is all the same: he who sheds his blood with me is my brother.

1995 and the end-of-the-war commemorations are behind us. The mask of Aesculapius is back in place; "Dr Cool" is here, detached and in command. But I cannot divorce myself from history, either intellectually or personally. The Battle of the Bulge, Pearl Harbor, Buchenwald, and, yes, Hiroshima and the fire-bombing of Dresden are fixed in my mind as firmly as the first patient I saw in my clinical internship in medical school,

a member of Gene Krupa's band with thyrotoxicosis (which diagnosis I missed). All of us physicians carry the baggage of the past into our practices. We are forever two people, the physician and ourselves. I agree we must not let the rampant self get in the way of our business. But from the self, the dormant past, comes our passion and energy and ability to lock onto our patients'

feelings, which is how doctoring gets done.

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Thank you, I will sit down and have a drop of sherry with you after all. Tell me, where were you in 1945?

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The Disease

It grows. I am an encyclopedia
of symptoms. What is the nature
of this disease? I want a drug
called *Miracle*.

Touching gold, my skin
turns black; my blood
is acid, burns the fat away.

This face is a paradox:
I want the mouth to speak,
say sensible things. Be skilled
at outrage. I cannot
learn to live with pain.

My heart's a Monday clock.
It beats, survives,
without you.

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